Vermont Agency of Education

CHILD & ADULT CARE FOOD PROGRAM INCOME ELIGIBILITY FORM 2020-2021 Adult Care Centers

Center Name: _____

Instructions for completing this form	are on the othe	er side of	this sheet. If yc	ou have	questions, please conta	ct the Center Director for	ər help.			
1. List Name of Participant attending the center										
2. If the participant lives in a 3Squares HOUSEHOLD or receives Supplement		3Square	esVT Number:							
Income (SSI) or MEDICAID , list the number(s) here, then SKIP TO PART 4 of this form.		SSI Number:								
		Medicaid Number:								
3. List NAMES OF ALL HOUSEHOLD MEMBERS. This	Enter gross income (before deductions) of each household member for the last month and state how often it is received (Weekly, monthly, every two weeks, twice a month, or annually)									
includes all people living in the household, whether they are related or not. Use a separate sheet if you need more space.	Gross Earnings from work – before deductions		Child Support, Alimony or Welfare		Social Security Pensions Retirement	Any other Income	Check if No Income			
SAMPLE: Jane Smith	\$ <u>249.00</u> /	weekly	\$ <u>300.00</u> / m	nonth	\$ /	\$ /				
	\$/_		\$/_		\$/	\$ /				
	\$/		\$/		\$ /	\$ /				
	\$ /		\$ /		\$ /	\$ /				
	\$/		\$ /		\$ /	\$ /				
	\$/		\$ /		\$/	\$ /				
4. SIGNATURE AND SOCIAL SECURITY NUMBER : I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.										
Signature of Adult or Legal Guardian	It or Social Security Number: XXX – XX – □ I do not have a Soc. Sec. number									
Street/Apt No.			Home Phone							
			Work Phone							
City/State/Zip Date Signed										
Other Benefits: For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or www.GreenMountainCare.org . For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit www.vermontfoodhelp.com .										
	THE SPA	ACE BEL	OW IS FOR CE	NTER I	USE ONLY					
Total Income			me Period	NOTE						
Household YearMonth2XMonthEvery 2 W Size:Week			NOTE: Annual Income Conversion - Weekly x 52 · Every 2 weeks x 26 · Twice a Month x 24 · Monthly x 12							
5 5			ility Determination: k the box and circle the າ)							
Signature of Director Date		[] Free Income			[] Reduced Income	[] Denied Over Income				
Center Directors: Be sure to use the Income Eligibility Guidelines for CACFP to approve this form.		3SquaresVT SSI Medicaid			Income	Incomplete Form				
See CACFP Form #25										

If your boursehold master 20	araaVT CCI N	Indicated faller	u than instruct			
If your household receives 3Squ Part 1: Print the name of the adul			v these instruct	ions:		
Part 2: Enter the name of the hea			mhor			
	d of nousenoid a	ind the Case Nu	imber.			
Part 3: Skip this part.				:6	1:	
Part 4: Sign the form. The last four	0		nder are not nec	essary if you are	e listing a 35qua	resv1.
ALL OTHER HOUSEHOLDS, fo						
Part 1: List the name of the adult						
Part 2: Skip this part if the house						
Part 3: Follow these instructions t	to report total ho	usehold income	e from last mont	h.		
another sheet of paper if you n Gross Income and How Often It the money is received – weekly income is the amount earned b amount each person got for the Veterans Benefits (VA benefits contributions from people who benefits and foster payments m expenses. This is for your busin these allowances as income.	eed to. Was Received: I y, every other we before taxes and o e month from wel), and disability b o do not live in yc eceived by the far ness, farm, or ren	For each househ ek, twice a mont ther deductions lfare, child supp enefits. Under our household, a nily from the pl atal property. If	old member, lis th, or monthly. . This should be oort, alimony, pe <i>Any other Income</i> and any other inc acing agency. F you are in the N	t each type of ind For earnings, be e on your pay str ensions, retireme e list Worker's C come. Do not ind for ONLY the sel fulitary Privatize	come received f sure to list gro s ab or your boss nt, Social Secur ompensation, u clude income fr f-employed, ur ed Housing Init	ople living in the household. Attach or the month. You must tell us how often ss income – not take home pay. Gross can tell you. For other income, list the ity, Supplemental Security Income (SSI), nemployment or strike benefits, regular om 3SquaresVT, WIC, Federal Education der <i>Earnings From Work</i> , report income afte iative or get combat pay, do not include
Part 4: Adult household member	r must sign the for		<u>v</u>		rity number.	
			ne Eligibility (
Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	The chart to the left shows the reduced price guidelines.
1	23,606	1,968	984	908	454]
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The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (3SquaresVT), Temporary Assistance for Needy Families (Reach-Up) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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For each additional household member add

31,894

40,182

48,470

56,758

65,046

73.334

81.622

8,288

2,658

3,349

4,040

4,730

5,421

6.112

6.802

691

1,329

1,675

2,020

2,365

2,711

3.056

3.401

346

1,227

1,546

1,865

2,183

2,502

2.821

3.140

319

614

773

933

1,092

1,251

1.411

1.570

160